

# Department of Public Safety Liquor Licensing & Inspection Division



## BUREAU USE ONLY

License No. Assigned:

Class:

Deposit Date:

Amt. Deposited:

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.

To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

**PRESENT LICENSE EXPIRES** \_\_\_\_\_

Ÿ Off-Premise Retailer – Malt Liquor .....\$200.00  
 Ÿ Off-Premise Retailer – Table Wine .....\$200.00  
 Ÿ Filing Fee .....\$ 10.00

**NOTE:** If the place of business is located in an unincorporated place, the application must be approved by the County Commissioners. All such applications shall be accompanied by receipt of payment of the \$10.00 filing fee to the County Treasurer.

**Check Payable: Treasurer State of Maine**

## **ALL QUESTIONS MUST BE ANSWERED IN FULL**

<b>1. APPLICANT(S)</b> –(Sole Proprietor, Corporation, Limited Liability Co., etc.)		<b>2. Business Name (D/B/A)</b>	
DOB:			
DOB:			
DOB:		<b>Location (Street Address)</b>	
<b>Address</b>		<b>City/Town</b>	<b>State</b> <b>Zip Code</b>
		<b>Mailing Address</b>	
<b>City/Town</b>	<b>State</b> <b>Zip Code</b>	<b>City/Town</b>	<b>State</b> <b>Zip Code</b>
<b>Telephone Number</b>	<b>Fax Number</b>	<b>Business Telephone Number</b>	<b>Fax Number</b>
<b>Federal I.D. #</b>		<b>Seller Certificate #</b>	

3. List of Wholesale Value and Types of Merchandise in inventory: **(Must be answered)**

Edible Foods \$ \_\_\_\_\_ Tobacco Products \$ \_\_\_\_\_ Paper Goods \$ \_\_\_\_\_

Greeting Cards, Magazines, Newspapers \$ \_\_\_\_\_ Total of all other merchandise in inventory \$ \_\_\_\_\_

4. Is applicant a Corporation, Limited Liability Co. or Limited Partnership: Yes ? No ? (If **Yes** complete Supplementary Questionnaire)

5. If manager is to be employed, give name: \_\_\_\_\_

6. If business is NEW indicate opening date: \_\_\_\_\_ Business Hours: \_\_\_\_\_

7. Is/Are applicant(s) citizens of the United States? Yes ? No ?

8. Is/Are applicant(s) residents of the State of Maine? Yes ? No ?

164 State House Station  
Augusta ME 04333-0164

OffPremRetailApp / 2003

Tel: (207) 624-7220

Fax: (207) 287-3424

9. List name, date of birth, place of birth for all applicants and managers. Give maiden name, if married:

Name in Full (Print Clearly)	DOB	Place of Birth

Residence address on all of the above for previous 5 years (Limit answer to city & state)

Use a separate sheet of paper if necessary.

10. Has applicant(s) or manager(s) ever been convicted of any violation of the law, other than minor traffic violations of any

State of the United States? Yes ? No ?

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

11. Will any law enforcement official benefit financially either directly or indirectly in our license, if issued?

Yes ? No ? If Yes, give name: \_\_\_\_\_

12. Has applicant(s) formerly held a Maine liquor license? Yes ? No ?

13. Do applicant(s) own the premises? Yes ? No ? If No, give name and address of owner: \_\_\_\_\_

14. Describe in detail where liquor will be stored: (Supplemental On/Off Premise Diagram Required) \_\_\_\_\_

15. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? Yes ? No ? If Yes, give details: \_\_\_\_\_

16. Does any other person have any interest directly or indirectly in your business? Yes ? No ? If Yes, give details: \_\_\_\_\_

PAYMENTS TO THE DEPARTMENT OF PUBLIC SAFETY, LIQUOR LICENSING & INSPECTION DIVISION BY  
CHECK SUBJECT TO PENALTY PROVIDED BY SECTION 3 OF TITLE 28A, MAINE REVISED STATUTES

**NOTE:** "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$500.00 or by both."

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
City/Town Date Year

Signature(s) of Applicant(s) or Corporate Officer(s)

Print Name of Applicant(s) or Corporate Officer(s)

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